

PUBLIC ACCOUNTS COMMITTEE

INQUIRY INTO THE USE OF VISITING MEDICAL PRACTITIONERS IN THE WA PUBLIC HOSPITAL SYSTEM

**TRANSCRIPT OF EVIDENCE TAKEN
AT ST JOHN OF GOD HOSPITAL, BUNBURY
FRIDAY, 23 NOVEMBER 2001**

SECOND SESSION

Members

**Mr D'Orazio (Chairman)
Mr House (Deputy Chairman)
Mr Bradshaw
Mr Dean
Mr Whitely**

TUIA, MR LUIGI ANGELO,
Chairman, Bunbury Health Service Board,
examined:

Mr HOUSE: This committee hearing is a proceeding of the Parliament and warrants the same respect that proceedings in the House itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Have you completed the Details of Witness form?

Mr Tuia: Yes, I have.

Mr HOUSE: Do you understand the notes attached to that form?

Mr Tuia: Yes.

Mr HOUSE: Did you receive and read an Information for Witnesses briefing sheet about giving evidence to committees?

Mr Tuia: Yes, I did. Until last week I was chairman of the board of the Bunbury Regional Hospital. I am not sure about that now. However, to this day I have been chairman of the Bunbury Health Service board.

Mr HOUSE: Have you made a formal submission to the committee?

Mr Tuia: No.

Mr BRADSHAW: I would like to clarify a point. Have you been made aware whether you are still the chairman of the board?

Mr Tuia: I have been notified by the director general, in a letter to me and other board members this week, that the board is still in place.

Mr BRADSHAW: What was the media report I read that the south west hospital boards had been sacked?

Mr Tuia: The director general contradicted that to me in a letter that appeared in the *South Western Times* yesterday.

Mr HOUSE: As of this moment your appearance before this committee is as chairman of that board.

Mr Tuia: I am still chairman of the Bunbury Health Service board.

Mr HOUSE: Putting all that aside, there is no doubt that you have a great deal of experience and knowledge and we thank you for sharing that. Feel free to make any comments you would like to make to this committee.

Mr DEAN: About VMPs.

Mr HOUSE: The committee's inquiry is about the visiting medical practitioner system. To understand that, in some areas we have asked questions about other areas of the health delivery service. That is necessary for us to get the full picture. Please understand that that is our brief from the Parliament.

Mr Tuia: I understand that. I come from Donnybrook. I was very much involved in the hospital there 20 years ago. I am a former director of the board of St John of God Health Care. I have been on the board here since 1994. I would much prefer to answer questions, because I do not know where you want to go. Members have asked many questions of witnesses here that were relevant to the managerial situation. The board is very much involved in policy. I was chairman of the board that built this hospital and at that time we discussed the way in which the procedures would take

place, from specialists to general practitioners. When the emergency department was built we had discussions with medical practitioners at that time. I am happy to be asked questions and I will endeavour to answer them as well as I can.

Mr BRADSHAW: When the hospital first started under the new arrangements of the Bunbury Health Service, did the local general practitioners provide the accident and emergency services required by the hospital?

Mr Tuia: Not all of them. We had some salaried doctors at that time. I think Bunbury has one of the best hospitals in Australia.

Mr HOUSE: It certainly appears that way. Did you have input into the VMP system in the board's policy-making process?

Mr Tuia: Yes. We consulted salaried medical officers and the board made that decision. That policy was adopted from managers down and that is how the process worked.

Mr HOUSE: What triggered the decision to use salaried medical officers?

Mr Tuia: The 24-hour service was a requirement. When we first built the campus, St John of God had an emergency department and the public hospital had an emergency department. Our brief was no duplication of kitchens, theatres or emergency departments. We had to provide a standard of care, which was a 24-hour-a-day, seven-day-a-week service. That would have been impossible under the old system and we therefore moved to full salaried medical officers.

Mr WHITELY: Was a formal cost-benefit analysis undertaken? Did you consider VMPs versus salaried staff?

Mr Tuia: Yes. We also considered the demand. Various doctors found it difficult to keep up with the demand placed on them under that system. We would have needed registrars and VMPs to come in and supervise that. That could not have worked, bearing in mind that from 1995 to today our demand has doubled. We have gone from a small regional, mainly community-based hospital to a much more monolithic regional hospital. Many emergencies now come from Busselton and Donnybrook to the emergency department here, bearing mind that some of the smaller hospitals do not have on-call doctors.

Mr WHITELY: You heard the questions I asked about comparable hospitals such as Kalgoorlie and Albany. They have a different approach and philosophy, and appear to have community support. Albany has all VMPs with highly skilled nursing staff. Many of the patients who go there are not seen by doctors; they are seen by nurses. On the face of it, Albany appears to provide a less expensive service. The evidence presented indicated that the community supported that model. Obviously you have a different approach.

Mr Tuia: We have taken the necessary approach. I agree with John, it is very difficult to compare every detail tabled about Albany. We must tread carefully when comparing those two without the detail of what we are doing in Bunbury and what Albany is doing.

Mr WHITELY: That is correct, but the question must be asked.

Mr Tuia: Not without more details of the background, in my opinion.

Mr HOUSE: I should have asked the previous witnesses a question about the accident and emergency service.

Mr Tuia: They are still here.

Mr HOUSE: Is that all provided by the public hospital?

Mr Tuia: Yes.

Mr HOUSE: Does St John of God provide any of that service?

Mr Tuia: We spent two days deciding which sector of the campus would pick up the various services. We picked up psychiatry, emergency services, palliative care, oncology and renal care. It was decided which service could be best provided by each hospital. In the no-duplication process, we were to have one point of call for emergency services in Bunbury. That was picked up by the government hospital.

Ms Donaldson: There is one emergency department. There is also another alternative. If a patient wants to be seen by his general practitioner, he can go to St John of God, which has a procedural room. The GP is contacted. It is similar to what St John of God had previously, but it is much smaller and more compact. The difference is that people see their doctor of choice. That doctor is contacted and goes to the St John of God procedure room to see the patient, otherwise they go through the emergency department.

Mr HOUSE: Are you comfortable that the salaried medical officer system works? You said that you put it in place to cover the demand. Has it worked?

Mr Tuia: Very much so.

Mr HOUSE: Has there been any dispute with the other doctors in town?

Mr Tuia: I would not say that.

Mr HOUSE: Has it caused a few problems?

Mr Tuia: It has caused a difference of opinion. Once again, the board made a policy decision that was well documented. That has been followed through.

Mr DEAN: Is that an issue with general practitioners rather than with specialists?

Mr Tuia: Yes.

Mr DEAN: Obviously, from what we have heard this morning, the specialist VMPs are earning a reasonable income still.

Mr Tuia: It was definitely the GPs. It was agreed when we first decided to build an emergency service that people who came to the emergency department would be referred back to their doctor of choice, and we would not continue to see them in the outpatient service. That was a demand made on us by the Government, with which I agreed, and that practice has been followed. Patients are referred back to the private practitioner so that we see them only as true emergencies.

Mr BRADSHAW: I refer again to your role as chairman of the board. The minister did not deny in Parliament last week that the boards had been sacked. I find it incredible that you have suddenly received a letter stating that you are not the chairman of the board.

Mr Tuia: The letter confirmed that I am still the chairman of the board.

Mr DEAN: Obviously, with the instructions in place it will take time.

Mr HOUSE: We will not go into that. Thank you very much for appearing before the committee.